

Billing Provider:

AHCCCS

The “Pay-To” provider associated in the AHCCCS system [PMMIS] with the Rendering provider. The entity/person who will receive the check/wire/remit.

CMS-1500 [08/05], Item Number 33

Description: The billing provider’s or supplier’s billing name, address, zip code. And phone number refers to the billing office location and telephone number of the provider or supplier.

Item 33 identifies the provider that is requesting to be paid for the services rendered.

UB-04, FL01

Definition: The name and service location of the provider submitting the bill.

ADA Dental Claim Form, Data Element 48

Definition: The individual dentist’s name or the name of the group practice/corporation responsible for billing and other pertinent information. This may differ from the actual treating dentist’s name. This is the information that should appear on any payments or correspondence that will be remitted to the billing dentist.

837 004010A1, Professional, Institutional and Dental Claim forms

2000A – Billing/Pay-To Provider Hierarchical Level:

Definition: Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service. Or some other representative of the provider.

2010AA – Billing Provider Name:

Definition: Note 2. Although the name of this loop/segment is “Billing Provider” the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However. Some payers do not accept claims from non-provider billing entities.

Service/Rendering Provider:

AHCCCS

A servicing [rendering] provider is the provider who actually performed the services for/to an AHCCCS eligible member. For purposes of AHCCCS claims submissions, the servicing [rendering] provider cannot be an AHCCCS registered provider type of "01" – Group Billing Entity. In PMMIS the Group Billing Entity is not an actual health care service provider, but rather a placeholder under which health care service providers were grouped. Health care service providers were associated with the group and one check was produced and paid to the Group Billing Entity.

CMS-1500 [08/05], Item Number 24J, if not the same as 33

Description: The Rendering Provider is the person or company [laboratory or other facility] who rendered or supervised the care.

UB-04, FL01

Definition: The name and service location of the provider submitting the bill.

ADA Dental Claim Form, Data Element 53

Definition: The treating, or rendering, dentist's signature and date the claim form was signed. [The ADA Dental Claim form does not contain a place for the treating dentist name separate from the signature line.]

837 004010A1, Professional

AHCCCS recognizes the rendering/servicing provider from the electronic 837 professional claim depending on how the transaction was created. Starting at the "bottom" of the transaction the rendering provider may be:

2420A – Rendering Provider Name

Note 2.

Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.

AHCCCS NOTE:

AHCCCS does not recognize multiple rendering providers on one claim. If the line level rendering provider is different from the claim level rendering provider, separate claims must be submitted for payment.

Claims submitted with multiple rendering providers will be accepted by AHCCCS, but denied within the adjudication system.

OR

2310B – Rendering Provider Name

Note 3:

Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.

Note 4.:

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

OR

2000A – Billing/Pay-To Provider Hierarchical Level:

Definition: Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service. Or some other representative of the provider.

2010AA – Billing Provider Name:

Definition: Note 2. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However. Some payers do not accept claims from non-provider billing entities.

AHCCCS NOTE:

If the rendering provider and the billing provider are one and the same, the rendering/billing provider MUST be a registered AHCCCS provider with an AHCCCS Registered Provider Type that allows the services performed to be provided by that provider type.

May want to include a link to the AHCCCS Registration Provider Types.....

837 004010A1, Dental

AHCCCS recognizes the rendering/servicing provider from the electronic 837 Dental claim depending on how the transaction was created. Starting at the "bottom" of the transaction the rendering provider may be:

2420A – Rendering Provider Name

Note 2.

Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.

AHCCCS NOTE:

1. *AHCCCS does not recognize multiple rendering providers on one claim. If the line level rendering provider is different from the claim level rendering provider, separate claims must be submitted for payment.*

Claims submitted with multiple rendering providers will be accepted by AHCCCS, but denied within the adjudication system.

2. *AHCCCS does not recognize the Assistant Surgeon Name Loop [2420C] within the 837 Dental transaction.*

OR

2310B – Rendering Provider Name

Note 3:

Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.

OR

2000A – Billing/Pay-To Provider Hierarchical Level:

Definition: Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service. Or some other representative of the provider.

2010AA – Billing Provider Name:

Definition: Note 2. Although the name of this loop/segment is “Billing Provider” the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However. Some payers do not accept claims from non-provider billing entities.

AHCCCS NOTE:

*If the rendering provider and the billing provider are one and the same, the rendering/billing provider **MUST** be a registered AHCCCS provider with an AHCCCS Registered Provider Type that allows the services performed to be provided by that provider type.*

May want to include a link to the AHCCCS Registration Provider Types.....

837 Professional:

Example 1:

- Billing Provider = Rendering Provider, NPI required

Loop	Data Element	Name	Content
2010AA		BILLING PROVIDER NAME	
	NM108	Billing Provider Qualifier	"XX" = National Provider ID
	NM109	Billing Provider Identifier	NPI
	REF01	Billing Provider Name/Secondary Identifier Qualifier	"EI" = Employer Identification Number "SY" = SSN
	REF02	Billing Provider Name/Secondary Identifier	"Tax ID"

837 Professional:

Example 2:

- Billing Provider is not the Rendering Provider, Rendering Provider NPI required

Loop	Data Element	Name	Content
2010AA		BILLING PROVIDER NAME	
	NM108	Billing Provider Qualifier	"24" = Employer Identification Number "34" = SSN
	NM109	Billing Provider Identifier	"Tax ID"
2310B		RENDERING PROVIDER NAME	
	NM108	Rendering Provider Primary Identifier Qualifier	"XX" = National Provider Id
	NM109	Rendering Provider Primary Identifier	NPI

837 Dental:

Example 1:

- Billing Provider = Rendering Provider, NPI required

Loop	Data Element	Name	Content
2010AA		BILLING PROVIDER NAME	
	NM108	Billing Provider Qualifier	"XX" = National Provider ID
	NM109	Billing Provider Identifier	NPI
	REF01	Billing Provider Name/Secondary Identifier Qualifier	"EI" = Employer Identification Number "SY" = SSN
	REF02	Billing Provider Name/Secondary Identifier	"Tax ID"

837 Dental:

Example 2:

- Billing Provider is not the Rendering Provider, Rendering Provider NPI required

Loop	Data Element	Name	Content
2010AA		BILLING PROVIDER NAME	
	NM108	Billing Provider Qualifier	"24" = Employer Identification Number "34" = SSN
	NM109	Billing Provider Identifier	"Tax ID"
2310B		RENDERING PROVIDER NAME	
	NM108	Rendering Provider Primary Identifier Qualifier	"XX" = National Provider Id
	NM109	Rendering Provider Primary Identifier	NPI

837 Institutional:

Example 1:

- Billing Provider = Rendering Provider, NPI required

Loop	Data Element	Name	Content
2010AA		BILLING PROVIDER NAME	
	NM108	Billing Provider Qualifier	"XX" = National Provider ID
	NM109	Billing Provider Identifier	NPI
	REF01	Billing Provider Name/Secondary Identifier Qualifier	"EI" = Employer Identification Number "SY" = SSN
	REF02	Billing Provider Name/Secondary Identifier	"Tax ID"